

7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi @jsitel.com

June 30, 2017

#### Via Hand Delivery

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Re: WC Docket No. 14-58

2017 ETC Annual Report of Chickamauga Telephone Company

Study Area Code 220354

Dear Ms. Dortch:

On behalf of Chickamauga Telephone Company ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>&</sup>lt;sup>2</sup> Connect America Fund et al., WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).

# FCC Form 481 - Carrier Annual Reporting REDACTED FOR PUBLIC INSPECTION ONB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form

<010>	Study Area Code	220354
<015>	Study Area Name	CHICKAMAUGA TEL CORP
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Rick Bennett
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6017643463 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	rbennett@nexband.com
	Form Type	54.313 and 54.422

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

									341,	2013		
		·			·			·	·	·		
<010>	Study Area Code				220354							
<015>	> Study Area Name			CHICKAMAUGA	TEL CORP							
<020>	> Program Year			2018	2018							
<030>	> Contact Name - Person USAC should contact regarding this data			Rick Bennet	Rick Bennett							
<035>	035> Contact Telephone Number - Number of person identified in data line <030> 6017643463 ext.											
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> rbennett@nexband.com											
<210>	<210> For the prior calendar year, were there any reportable voice service outages? No											
<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
							•					

<a></a>	<01>	<b2></b2>	<63>	<b4></b4>	<c1></c1>	<c2></c2>	<a></a>	<e></e>	<†>	<g></g>	<n></n>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date		Customers Affected	Total Number of	Affected	Description (Check		Service Outage	Preventative
	2400		24.0			Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
						Customers	(103/140)	an that apply)	(163 / 110)	Resolution	Troccaures
	1			ļ							
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(300) Unfulfilled Service Request  Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013				
<010> Study Area Code	220354					
<015> Study Area Name	CHICKAMAUGA TEL CORP					
<020> Program Year	2018					
<030> Contact Name - Person USAC should contact regarding this data	Rick Bennett					
<035> Contact Telephone Number - Number of person identified in data line <030> 6017643463 ext.						
<039> Contact Email Address - Email Address of person identified in data line <030> rbennett@nexband.com						
<300> Unfulfilled service request (voice)	0					
<310> Detail on attempts (voice)						
Name	e of Attached Document					
<320> Unfulfilled service request (broadband)	0					
<330> Detail on attempts (broadband)	Jame of Attached Document					

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 220354
<015>	Study Area Name CHICKAMAUGA TEL CORP
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030> 6017643463 ext.
<039>	Contact Email Address - Email Address of person identified in data line rbennett@nexband.com <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice 0.0
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband 0.0
<450>	Complaints per 1000 customers for mobile broadband

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	220354				
<015>	Study Area Name	CHICKAMAUGA TEL CORP				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett				
<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com				
<500>	<500> Certify compliance with applicable service quality standards and consumer protection rules Yes					
		220354ga510.pdf				
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance					
<515>	Certify compliance with applicable minimum service standards					

	unctionality in Emergency Situations Ollection Form	REDACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	220354	
<015>	Study Area Name	CHICKAMAUGA TEL CORP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett	
<035>	Contact Telephone Number - Number of person identified in data	line <030> 6017643463 ext.	

rbennett@nexband.com

Yes 220354ga610.pdf

<039> Contact Email Address - Email Address of person identified in data line <030>

 $<\!\!600\!\!> \quad \text{Certify compliance regarding ability to function in emergency situations}$ 

<610> Descriptive document for Functionality in Emergency Situations

(700) Price Offerings including Voice Rate Data		FCC Form 481			
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010> Study Area Code	220354				
<015> Study Area Name	CHICKAMAUGA TEL CORP				
<020> Program Year	2018				
<030> Contact Name - Person USAC should contact regarding this data	Rick Bennett				
<035> Contact Telephone Number - Number of person identified in data	ine <030> 6017643463 ext.				
<039> Contact Email Address - Email Address of person identified in data	line <030> rbennett@nexband.com				
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge					

703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
-	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fee
-									
-									
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L									
					Soo of	tached worksheet			
-					<del>See al</del>	<del>lached worksheet</del>			
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(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	20354
<015>	Study Area Name	CHICKAMAUGA TEL CORP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
				- See attacl	ned				
			•	worksheet -	•				
								·	

	erating Companies lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		220354
<015>	Study Area Name	·	CHICKAMAUGA TEL CORP
<020>	Program Year		2018
<030>	Contact Name - Person L	JSAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	6017643463 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	rbennett@nexband.com
<810>	Reporting Carrier	Chickamauga Telephone Corporation	
<811>	Holding Company	Fail Telecommunication Corporation	
<812>	Operating Company	Chickamauga Telephone Corporation	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
•			
•	See atta	ached workshe	et
•			
•			
•			
•			
•			
•			

(900) Tri	bal Lands Reporting		FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	220354	
<015>	Study Area Name	CHICKAMAUGA TEL CORP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com	
<900>	Does the filing entity offer tribal land services? (Y/N)	No	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached I	Document
If your o	company serves Tribal lands, please select (Yes,No, NA) for each these boxes		
-	rm the status described on the attached PDF, on line 920,		
	strates coordination with the Tribal government pursuant to	Select	
	3(a)(9) includes:	Yes or No or	
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;	Not Applicable	
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		
		Ll	

(1000) V	Dice and Broadband Service Rate Comparability	ILDI	FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		·
			July 2013
4010s	Church Array Code		
<010>	Study Area Code		220354
<015>	Study Area Name		CHICKAMAUGA TEL CORP
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line		6017643463 ext.
<039>	Contact Email Address - Email Address of person identified in data line	<030>	rbennett@nexband.com
<1000>	Voice services rate comparability certification	Yes	}
10002	voice services rate comparability certification		
<1010>	Attach detailed description for voice services rate		
	comparability compliance		
			Name of Attached Document
			Name of Attached Document
		Voc	- Pricing is no more than the most recent applicable benchmark announced by
<1020>	Broadband comparability certification	the	Wireline Competition Bureau
10202	broadband comparability certification	0110	MILOILING COMPOSITION DATEMA
<1030>	Attach detailed description for broadband		
/1020/	comparability compliance		
	comparability compliance		
		-	Name of Attached Document
			Name of Attached Document

(1100) N	lo Terrestrial Backhaul Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	220354	
<015>	,	CHICKAMAUGA TEL CORP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 lupstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	erms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Col	ection Form	July 2013
<010>	Study Area Code	220354
<015>	Study Area Name	CHICKAMAUGA TEL CORP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030	6017643463 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030	rbennett@nexband.com
		220354ga1210.pdf
		2203319d1210.pd1
4240	T 0.0 IV. T. I. I. IV. IV.	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP	
	<del>-</del>	
<b>"</b> 21		
	heck these boxes below to confirm that the attached document(s), on line 1210,	
	bsite listed, on line 1220, contains the required information pursuant to	
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must	
annually	report:	
412215	Information describing the terms and anaditions of any size	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
	telephony service plans offered to effective subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
.4.222.		
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2005) Price Cap Carrier Additional Documentation  Data Collection Form  Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	220354	
<015>	Study Area Name	CHICKAMAUGA TEL CORP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

#### **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap	Carrier Additional Documentation	FCC Form 481		
Data Collection F	Form		. 3060-0986/OMB Control No. 3060-0819	
Including Rate-of	f-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013		
Price Ca	p Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
<2016>	Certification support used to build broadband			
Connect	America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.			
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information		
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)			

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	220354
<015>	Study Area Name	CHICKAMAUGA TEL CORP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

·	Progress Report on 5 Year Plan				
(3009)	Carrier certifies to 54.313(f)(1)(iii)		The site of the		
(3010A)	Certification of Public Interest Obligations {47 CFR §	ĭ	es - Attach Cer"		on 20354ga3010.pdf
(3010B)	54.313(f)(1)(i)} Please Provide Attachment	Name of Attached Docu	ıment Listing Reqı		:U354ga3U1U.par
(3012A)	Community Anchor Institutions {47 CFR §	Information Yes - Attach New Commu	unity Anchors	_	
(3012B)	54.313(f)(1)(ii)} Please Provide Attachment	Name of Attached Docu	iment Listing Regi	I .	20354ga3012.xlsm
		Information			
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0		
(3014)	If yes, does your company file the RUS annual report	(Yes/No)			
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		·		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		·	[:	220354ga3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ıment Listing Requ	uired	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	(Yes/No)	0 0		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:				
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				Г
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ıment Listing Requ	uired	

#### REDACTED FOR PUBLIC INSPECTION (3005) Rate Of Return Carrier Additional Documentation (Continued) FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	220354
<015>	Study Area Name	CHICKAMAUGA TEL CORP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.
<020>	Contact Email Address Email Address of person identified in data line <0205	have all the second of the sec

Financial Data Summary
(3027) Revenue
(3028) Operating Expenses
(3029) Net Income
(3030) Telephone Plant In Service(TPIS)
(3031) Total Assets
(3032) Total Debt
(3033) Total Equity
(3034) Dividends

Data Collection Form

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	220354
<015>	Study Area Name	CHICKAMAUGA TEL CORP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 6017643463 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> rbennett@nexband.com

#### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

#### Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

#### Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

speed and data usage allowances available in the

relevant geographic area.

If yes to 4003A, please provide a response for 4003B.				
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information			
Broadband Deployment Locations – FCC 14-98 (par	ragraph 80)			
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information			
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information			

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	220354
<015>	Study Area Name	CHICKAMAUGA TEL CORP
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	220354	
<015>	Study Area Name	CHICKAMAUGA TEL CORP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com	

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I certify that (Name of Agent) <u>John Staurulakis</u> , Inc. also certify that I am an officer of the reporting carrier; my responsibilities incluagent; and, to the best of my knowledge, the reports and data provided to the a	de ensuring the accuracy of the annual data reporting requirements provided to the authorized			
Name of Authorized Agent: John Staurulakis, Inc.				
Name of Reporting Carrier: CHICKAMAUGA TEL CORP				
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/29/2017			
Printed name of Authorized Officer: Stephanie Hand				
Title or position of Authorized Officer: CFO				
Telephone number of Authorized Officer: 6017643463 ext.8080				
Study Area Code of Reporting Carrier: 220354 Filin	ng Due Date for this form: 07/03/2017			
, ,	rfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Jnited States Code, 18 U.S.C. § 1001.			

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients o the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reportec					
Name of Reporting Carrier: CHICKAMAUGA TEL CORP					
Name of Authorized Agent Firm: John Staurulakis, Inc.					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/29/2017			
Name of Authorized Agent Employee: Lans Chase					
Title or position of Authorized Agent or Employee of Agent Staff Director - Regulatory					
Telephone number of Authorized Agent or Employee of Agent: 7705692015 ext.1					
Study Area Code of Reporting Carrier: 220354 Filing Due Date for this form: 07/03/2017					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S. 18 of the United States Code, 18 U.S.C. § 1001.	C. §§ 502, 503(b), o	fine or imprisonment under Title			

Attachments

## Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules For Voice and Broadband

In establishing this certification in its 2005 ETC Order,<sup>1</sup> the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." The FCC found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."

Chickamauga Telephone Corporation ("Company") hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Company is subject to consumer protection obligations under Georgia state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Rules of the Georgia Public Service Commission which discloses rates, and terms and conditions of service to customers (Chapter 515-12-1-.02(5)(a) and .04(5) of the Rules of the Georgia Public Service Commission); (2) adherence to state consumer protection requirements governing telephone providers which require Service Standards (Chapter 515-12-1-.17 and .18 of the Rules of the Georgia Public Service Commission); Customer Billing (Chapter 515-12-1-.04(4) of the

<sup>&</sup>lt;sup>1</sup> Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

<sup>&</sup>lt;sup>2</sup> *Id.* at para. 28.

<sup>&</sup>lt;sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

Rules of the Georgia Public Service; and Customer Complaints (Chapter 515-12-1-.08 of the Rules of the Georgia Public Service Commission); (3) truth-in-billing requirements (Chapter 515-12-1-.04(4) of the Rules of the Georgia Public Service Commission); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the 2015 Open Internet Order.

#### Demonstration of Ability to Function in Emergency Situations for Voice and Broadband

Chickamauga Telephone Corporation ("Company") hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. §54.202(a)(2)¹ and Chapter 515-12-1-.11(4) of the Rules of the Georgia Public Service Commission. Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by 47 C.F.R. §54.202(a)(2) and Chapter 515-12-1-.11(4) of the Rules of the Georgia Public Service Commission. Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Company has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. The company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

(700) Price Offerings including Voice Rate Data  Data Collection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	220354	
<015>	Study Area Name	CHICKAMAUGA TEL CORP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com	

1/1/2017

<703>

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
GA	ALL		FR	20.31	0.0	0.0	0.0	20.31

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	220354
<015>	Study Area Name	CHICKAMAUGA TEL CORP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	6017643463 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	· <d3></d3>		<d4></d4>
,	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	GA	ALL	19.95	0.0	19.95	6.0	1.0	999999.0	Other, No Limits on Usage Allowance
	GA	ALL	24.95	0.0	24.95	2.0	0.256	999999.0	Other, No Limits on Usage Allowance
	GA	ALL	32.95	0.0	32.95	4.0	1.0	999999.0	Other, No Limits on Usage Allowance
	GA	ALL	39.95	0.0	39.95	6.0	1.0	999999.0	Other, No Limits on Usage Allowance
	GA	ALL	44.95	0.0	44.95	30.0	20.0	999999.0	Other, No Limits on Usage Allowance
	GA	ALL	49.95	0.0	49.95	15.0	1.0	999999.0	Other, No Limits on Usage Allowance
	GA	ALL	59.95	0.0	59.95	50.0	25.0	999999.0	Other, No Limits on Usage Allowance
	GA	ALL	79.95	0.0	79.95	100.0	50.0	999999.0	Other, No Limits on Usage Allowance
	GA	ALL	139.95	0.0	139.95	100.0	100.0	999999.0	Other, No Limits on Usage Allowance
			1	1			1		

(800) Op	erating Companies			FCC Form 481
Data Collection Form				OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		220354	
<015>	Study Area Name		CHICKAMAUGA TEL CORP	
<020>	Program Year		2018	
<030>	Contact Name - Person U	SAC should contact regarding this data	Rick Bennett	
<035>	Contact Telephone Numb	er - Number of person identified in data line <030>	6017643463 ext.	
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	rbennett@nexband.com	
<810>	Reporting Carrier	Chickamauga Telephone Corporation		
<811>	Holding Company	Fail Telecommunication Corporation		
<812>	Operating Company	Chickamauga Telephone Corporation		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
_	Fulton Telephone Company, Inc.	280454	
	Bruce Telephone Company, Inc.	280447	
	Mound Bayou Telephone & Communications, Inc.	280462	
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#### CHICKAMAUGA TELEPHONE CORPORATION

# CTION STATE OF GEORGIA PUBLIC SERVICE COMMISSION

Section D

Third Revision Sheet 11

#### **ALL EXCHANGES IN CERTIFICATED AREA**

Cancels Second Revision Sheet 11

#### D. 13.1 LOW-INCOME PROGRAM

(C)

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers a low-income assistance program. This program, Lifeline Assistance, is offered under the terms and conditions provided below:

#### D 13.1 Lifeline Assistance

#### A. General

- 1. Lifeline Assistance is a non-transferable retail service offering for which qualifying residential low-income subscribers pay reduced charges, as provided for below. Lifeline Assistance enables eligible subscribers to pay reduced charges for either voice telephony service (voice) or broadband internet access service (broadband) but not both.
- 2. Voice telephony service includes the following services: voice-grade access to the public switched network or its functional equivalent; local usage; access to emergency services; and toll limitation.
- 3. Broadband service includes the following: the capability to transmit data to and receive data from all or substantially all Internet endpoints, including any capabilities that are incidental to and enable the operation of the communications service, but excluding dial-up service.

#### B. Regulations

Subscribers are eligible for Lifeline Assistance if:

- 1. The subscriber's household income is at or below 135 percent of the Federal Poverty Guidelines, or
- 2. The subscriber, or one or more of the subscriber's dependents or the subscriber's household, receives benefits from at least one of the following qualifying programs:

Medicaid;

Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps;

Supplemental Security Income (SSI);

Federal Public Housing Assistance;

Veterans Pension and Survivors Benefit Programs.

(C)

ISSUED: December 1, 2016 EFFECTIVE: December 2, 2016

#### CHICKAMAUGA TELEPHONE CORPORATION

CTION
STATE OF GEORGIA
PUBLIC SERVICE COMMISSION

Cancels Second Revision Sheet 12

Section D

Third Revision Sheet 12

**ALL EXCHANGES IN CERTIFICATED AREA** 

D. 13.1 LOW-INCOME PROGRAM (Cont'd)

(C)

#### D. 13.1 Lifeline Assistance (Cont'd)

#### B. Regulations (Cont'd)

- 3. In addition to meeting the qualifications provided in paragraph 1. or 2. of this section, in order to constitute a qualifying low-income customer, a customer must not already be receiving a Lifeline service (voice or broadband from either a wireless provider or fixed provider), and there must not be anyone else in the subscriber's household subscribed to a Lifeline service (voice or broadband from either a wireless provider or fixed provider). Further, the customer must subscribe to broadband service that meets the minimum service standards set forth in section 54.408 of the FCC rules.
- 4. Until the National Lifeline Eligibility Verifier has been implemented in Georgia, each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in sub-paragraphs (B)(1) through (B)(3), above, and must, on that same document, agree to notify the Company if s/he ceases to participate in the program(s). The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.
- 5. A subscriber may elect at the time of subscription to voice Lifeline Assistance to receive toll limitation as part of Lifeline Assistance. "Toll limitation" is a service that allows a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.
- 6. Voice Lifeline Assistance will not be disconnected for non-payment of toll charges unless the Company offers toll limitation without charge.
- 7. The Company may not collect a service deposit in order to initiate voice-only Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll blocking from the Company, where available or if the qualifying low-income subscriber elects a calling plan that does not distinguish between toll and non-toll calls in its pricing. If toll blocking is unavailable, then the Company may charge a service deposit.

ISSUED: December 1, 2016 EFFECTIVE: December 2, 2016

#### REDACTED FOR PUBLIC INSPECTION CHICKAMAUGA TELEPHONE CORPORATION

### STATE OFGEORGIA

**PUBLIC SERVICE COMMISSION** 

Section D

Third Revision Sheet 13 Cancels Second Revision Sheet 13

#### ALL EXCHANGES IN CERTIFICATED AREA

#### D. 13 LOW-INCOME PROGRAM (Cont'd)

(C)

#### D. 13.1 Lifeline Assistance (Cont'd)

- C. Reserved.
- D. If an eligible customer chooses the support for voice service, then the Company shall apply the baseline payments received by the administrator of the federal Lifeline Assistance program to waive the qualifying customer's federal Subscriber Line Charge. The Company shall apply any additional federal support amount to the qualifying customer's basic local exchange service rate.
- E. To be eligible for Lifeline Assistance, qualifying customers who choose the support for voice service must subscribe to a flat-rate basic local exchange service offering that is made available in the Company's service area.
- F. Partial payments that are received from Lifeline customers who choose the support for voice service shall first be applied to local service charges and then to any outstanding toll charges.

#### D. 13.2 Lifeline Assistance Credits

(C)

(N)

- 1. Voice Telephone Service -
  - A. The following monthly credit will apply for each customer eligible for Lifeline Assistance who chooses to apply its Lifeline Assistance to voice telephone service.

Monthly Credit

Federal Credit

\$9.25

- B. Credit amount will not exceed the basic charge for local telephone service, which includes the Subscriber Line Charge, access line and local usage.
- C. Pursuant to FCC Rules 47 C.F.R. Section 54.403, stand-alone voice telephone Lifeline support or voice service bundled with broadband below the minimum standards set forth in section 54.408 of the FCC rules will be phased out as described below:
  - (i) Beginning Dec 1, 2019 the support amount will be \$7.25 per month;
  - (ii) Beginning Dec 1, 2020 the support amount will be \$5.25 per month;
  - (iii) Beginning Dec 1, 2021, the support amount will be \$0.00. (see Note 1)

Note 1: The support amount for standalone voice service, or voice service not bundled with broadband which meets the minimum standards set forth in section 54.408, provided by a provider that is the only Lifeline provider in a Census block will be remain at \$5.25.

(N)

ISSUED: December 1, 2016 EFFECTIVE: December 2, 2016

CHICKAMAUGA TELEPHONE CORPORATION

STATE OF GEORGIA

#### **PUBLIC SERVICE COMMISSION**

Section D

Third Revision Sheet 14

**ALL EXCHANGES IN CERTIFICATED AREA** 

Cancels Second Revision Sheet 14

#### D. 13 LOW-INCOME PROGRAM (Cont'd)

#### D.13.2 Lifeline Assistance Credits (Cont'd)

2. Broadband Service -

(N)

(Ń)

A. The following monthly credit will apply for each customer eligible for Lifeline Assistance who chooses to apply its Lifeline Assistance to broadband service.

Monthly Credit

Federal Credit

\$9.25

B. Credit amount will not exceed the basic charge for broadband service.

ISSUED: December 1, 2016 EFFECTIVE: December 2, 2016

Chickamauga Telephone Corp

Attachment - Line 1210

CHICKAMAUGA TELEPHONE CORPORATION

STATE OF GEORGIA PUBLIC SERVICE COMMISSION

Section D

First Revision Sheet 15

**ALL EXCHANGES IN CERTIFICATED AREA** 

Cancels Original Sheet 15

D. 13. LOW INCOME PROGRAM (continued)

D. 13.2 Link-Up (D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

THIS PAGE RESERVED FOR FUTURE USE

ISSUED: May 25, 2012 EFFECTIVE: July 1, 2012

BY: Charles F. Fail, President

## REDACTED FOR PUBLIC INSPECTION GENERAL SUBSCRIBER SERVICES TARIFF

Chickamauga Telephone Corporation Georgia PSC

Section C
Sheet 1
13th Revision
Cancels 12th Revision

#### **BASIC LOCAL EXCHANGE SERVICE**

#### C.1 Local Exchange Rates

C.1.1. Monthly exchange rates as authorized by the Georgia Public Service Commission are shown below:

_	CLASS AND GRADE OF SERVICE	CHICKAMAUGA (High Point)		(Chick	POINT amauga) anooga)
		Rotary	Touchtone	Rotary	Touchtone
1.	BUSINESS				
	a. One Party Access Line	\$20.40	\$20.40	\$23.55	\$23.55
	b. Key Access Line*	\$34.10	\$37.10	\$41.00	\$44.00
	c. Trunk Access Line	\$66.35	\$72.35	\$81.50	\$87.50
	d. Semipublic Access	\$34.10	\$36.20	\$41.00	\$43.10
2.	RESIDENCE				
	a. One Party Access Line	\$20.31 (I)	\$20.31 (I)	\$20.31 (I	) \$20.31 (I)

#### Deleted

- C.1.2. The rates specified herein, with mileage charges when applicable, entitle subscribers to an unlimited number of messages to all stations within each exchange as grouped above.
- C.1.3. Local exchange rates, excluding Semipublic Telephone Service, do not include the provision of a telephone set.
- C.1.4. Line access charges will apply in all cases where the Company provides service.
- C.1.5. For other types of service available to the Chickamauga and High Point exchange areas and rates therefore, see other sections of this tariff.

Issued: December 1, 2016 Effective: January 1, 2017

<sup>\*</sup>The key access line rate will apply for both business or residence service.



# Lifeline Assistance Program Application and Certification Form

First Name:	MI: Last N	ame:
Last Four Digits of Social Security Number:		Date of Birth:
Physical Address:		
City:	State	: GA Zip:
My Physical Address is:	☐ Temporary	☐ Multi-Household
Billing Address:		
City:	State:	Zip:
Telephone number for which Lifeline credits are to	o apply:	
Violation of the one per household rule requirement wou and would result in the consumer's de-enrollment from the Are you or any member of your household current   YES NO If yes, be aware that only of   PROGRAM-BA  (Initial required) I certify that either my I will provide documentation of my participation is	ne program, and potent tly receiving a Lifel one Lifeline benefit ASED ELIGIBILIT To household or I par	tially, prosecution by the United States government.  ine benefit from any service provider?  is allowed per household.  Y CRITERIA =  ticipate in the following assistance program(s).
(C	heck all that apply)	
☐ Supplemental Nutrition Assistance Program (S☐ Federal Public Housing Assistance - Sect 8☐ Veterans Pension or Survivors Pension	•	Medicaid Supplemental Security Income (SSI)
= INCOMI	E-BASED ELIGIB	BILITY =
To qualify for income eligibility, you must prior year's state or federal tax return; Social Security ben benefit statement; divorce decree or child support documen statement from employer or paycheck stub, or other official count cover a full year (such as a pay stub), you must submit calendar year.	nefits statement; Veteral tt; Unemployment/Work document containing inc	ns Administration benefits statement; retirement/pension ters Compensation benefits statement; or current income come information. If you provide documentation that does
How many people are in your household?	What is the yearly t	otal household income?
(Initial if applicable) My total household (See Federal Poverty Guidelines on Page 2)	d income is at or b	elow 135% of the Federal Poverty Guidelines.



# Lifeline Assistance Program Application and Certification Form

I certify und	fer penalty of perjury the following (initial by each certification):
	I meet the program-based or the income-based eligibility criteria for receiving Lifeline.
	I will notify Chickamauga Telephone Company (CTC) within 30 days if I
	<ol> <li>cease to participate in a federal qualifying program or programs or if my annual household income exceeds 135% of the Federal Poverty Guidelines;</li> </ol>
	2) receive more than one Lifeline-supported service; or
	3) for any other reason, no longer satisfy the criteria for receiving Lifeline support.
	I certify and attest under penalty of perjury that I understand this notification requirement and I may be subject to penalties if I fail to follow this requirement.
	If I move to a new address I will provide that new address to CTC within 30 days of moving.
	If my address is temporary, I will verify my address with CTC every 90 days.
	My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline benefit from any other service provider such as Safelink, Assurance, Access Wireless, or wireline provider.
	The information I provided in this certification form is true and correct to the best of my knowledge.
	I understand that willfully making false statements to obtain the Lifeline benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.
	I acknowledge that providing false or fraudulent information to receive the Lifeline benefit is punishable by law.
	I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and termination of my Lifeline benefit.
Signature of	`Annlicant* Date*

#### **Federal Poverty Guidelines for 2017**

Persons in Family or Household	Yearly Household Income	Monthly Household Income	Weekly Household Income
1	\$16,281	\$1,357	\$313
2	\$21,924	\$1,827	\$422
3	\$27,567	\$2,297	\$530
4	\$33,210	\$2,768	\$639
5	\$38,853	\$3,238	\$747
6	\$44,496	\$3,708	\$856
7	\$50,139	\$4,178	\$964
8	\$55,782	\$4,649	\$1,073
For each additional person, add:	\$5,643	\$470	\$109

#### Chickamauga Telephone Corporation - SAC 220354

#### Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Chickamauga Telephone Corporation - SAC 220354 hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, the Company offers broadband service at the highest available speed.

Unite Health Group Chickamauga Memorial Family Practice Walker County Fire Rescue Station 19 Walker County Maintenance Shop Chickamuaga Family Dental 1142 Old Three Notch Rd, Ringgold, GA 30736
101 Kington St, Chickamauga, GA 30707
72 Pace Rd, Chickamauga, Ga 30707
91 Industrial Dr, Chickamauga, GA 30707
107 Gordon St, Chickamauga, GA 30707

# ATTACHMENT - LINE 3017 ATTACHMENT REDACTED IN ENTIRETY